Phone Number::

(617) 367-4600

Fax Number::

(617) 367-4656

E-Mail Address::

pconrad@kjpat.com

## Representative Information

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Representative Customer Number::	021127		- 1
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## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::	
This Application	Continuation of	09/940,129	8/27/2001	
which is	Division of	09/4 7,986	11/23/1999	
which is	Continuation of	09/001,032	12/30/1997	
which is	Continuation of	08/394,157	2/24/1995	

## **Assignee Information**

Assignee Name::

Brigham and Women's Hospital

Street of Mailing Address::

500 Rutherford Avenue

City of Mailing Address::

. Charlestown

State or Province of Mailing Address::

Massachusetts

Country of Mailing Address::

**USA** 

Postal or Zip Code of Mailing Address:: 02129